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VS. ATSME SM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07856

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7873

Rea. Dist. No.

1. PLACE OF DEATH o. COUNTY Cecil MARYLAN						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTY Cecil					
Ь	ond give represt town)	autside corporate limits, write	. D.	c. LENGTH OF STAY II	_ [The second composition with the second secon					
d				pital, give street address)	d. STREET ADDRESS					ON A FARM
1	NAME OF DECEASED (Type or print)	Harry	19	Middle E		Abrams	4. DATE OF DEATH	Mont	rh P	Doy 5	Year 19 58
5. \$	M M	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED DIVORCED				9. AGE (In years fost birthday) 96 yrs.	Months		FUNDER 24 H Hours Min.
d	furing most of working Farmer	; life, even if retired)		ind of Business or II		Maryla:	nd	ountry)		S.A	WHAT COUNT
13.	John	n Abrams				I4. MOTHER'S MAIDEN LUCY		en			
		R IN U. S. ARMED FO (If yes, give war or dates of		SOCIAL SECURITY NO.	17. INF	Norris A	b r ams.	. North		. 11	d.
	PART I, DEAT	nderlying DUE TO		Gangreen		left low		g eneral		INTERVA ONSET	L BETWEEN AND DEATH
CERTIFICATION	PART II, OTH	SE WAS 20				T RELATED TO THE TERM			VEN IN PART		WAS AUTOPS PERFORMED? S NO
MEDICAL CER	PRIMARY Gr CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	20d. It While of wor	NJURY OCCURRED 200 k of work	e. PLACE foctor	OF INJURY (Home, form, street, office bldg., etc	n, 20f. (City	or fown)	(Cov		(Stote
				auses : Accid	_	, held an Autops , Suicide, M.D. CHIEF MEDICAL E ASSISTANT MEDIC	Homicide			nonner	and in m
	EXAMINER'S NAME (Type) BURIAL, CREMATION REMOVAL (Specify) BURIAL FUNERAL DIRECTOR'S	821		2. NAME OF CEMETER FLORES ADDRESS	RY OR C	DEPUTY MEDICAL	EXAMINER 5	TION (City, Iown,	7- or county) TRI STRAR'S SIG	6-58 Cec NATURE	(Stote)

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VS. ALSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17857

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Cecili MARYLAND Chester b. CITY OR TOWN If outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give nearest lown) North East, R.D. Passing Avondale Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle 4. DATE First Lost Month Year DECEASED (Type or print) DEATH Gec11 Sidney Allen 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS last birthday) Months Hours Days Min WIDOWED [DIVORCED T 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Paper Mill Laborer U.S.A. North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ted Allen 17. INFORMANTO STATE Winebarger 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wat or dates of service) ne Ted Allen Avondale R.D.l. Pa. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Fractures of base od skull, neck and lower jaw. **DUE TO** lacerated right forearm and contused ejes Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 22 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) His car was hit by truck MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stale) factory, street, office bldg., etc.) at work at work Cecill 21. I certify that I took charge of the remains described above, held an Autopsy Inspection _ Inquiry and in my Notural couses . opinion death resulted from: Accident ... Suicide . Homicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) R.C.Dedson 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) West Jefferson Ash M.C. Removal Rock Creek 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

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ANEROLOGICAL DEAMINERS SERTIFICATE OF DEATH ...

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 7975

07858

								Reg. Dist	. No.	, ,
1. PLACE OF DEATH o. COUNTY Ce	cil	8	MARYL	AND 2.	USUAL RESIDENCE (WI o. STATE Delawar	here decease	d lived. If institution b. COUNTY	on: Residence	before adn	nission)
b. CITY OR TOWN (II RURAL and give ne	outside corporate limits,	write	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF		prote limits, write R	URAL ond giv	ve nearest to	own)
	, Maryland		23 Days		Milford	1	1.	16 X -	3	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, give	street	oddress)		d. STREET ADDRESS				e. 15 I	RESIDENCE
Veterans A	dministratio	n H	ospital		412 Char	·les S	treet			□ NO 🚺
3. NAME OF DECEASED (Type or print)	First PHILIP		Middle A •	Al	lost NDOLORA	4. DATE OF DEATH	Mon	th 7	Day 4	Yeor 19 58
5. SEX	6. COLOR OR RACE 7	MARR	ED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years			DER 24 HRS.
MALE	WHITE	IDOWE	D DIVORCED	D 3.	-25-25		last-bisthdoy) 33 yrs.	Months D	Days Hou	rs Min.
10a. USUAL OCCUPATIO	N (Give kind of work dor- ting life, even if retired)	ne 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	or foreign c	ountry)	12. CITIZ	EN OF WH	AT COUNTRY
Barber	ang me, even in temeor	S	elf Employe	d	Leroy, Nev	v York		USA	A	
13. FATHER'S NAME				14	MOTHER'S MAIDEN	NAME			12 - 19	
Louis Ando	lora				Lina Mess	sana				
15. WAS DECEASED EVER (Yes. no. or unknown)	R IN U. S. ARMED FORCE		86-18-3164	Hos	mant pital Recor	rds,VA	Addi H, Perry		, Md.	
Conditions, if or gave rise to it couse (o), stating lying couse last.	nmediate (fo An		rgery ngenit	al, vessel	s of f	Courth ve	ntricl	36 e Un	FORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR' Hour o. m. p. m.	MEDICAL EXAMINER)	20d. IN	IJURY OCCURRED Not while of work	20e. PLACE (of injury in DF INJURY (Home, form street, affice bldg., etc.	n, 20f. (Cit)		(Co	ounty)	(State)
	akl attended the d				, 19 <u>58</u> , to					
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	LIZABETH ELI N. 22b. DATE THEREOF	th	Cells.	y_M.o.	VA Hospit	al, Pe	treet, city or town. erry Poin	t, Md.	7-	DATE SIGNED 4-58
REMOVAL (Specify) Removal 23. FUNERAL DIRECTOR:	7-4-58	_	ADDRESS	war	n	LeRo	y, N.Y.			
O CONTROL OF THE CONT	2 /	0		e Grad	e. Md enarghi	D BY REGIST		STRAR'S SIGN	MATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and copycipately filled in by the funeral director. O FUNERAL DIRECTOR: After his certificate has been signed by the attending physician and competely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon pages. Pages I and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 bours after death. VS A15 (4) 15M 10/57

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07859

CERTIFICATE OF DEATH

Reg. Dist. No

	X				Reg. Dist. 140.
1. PLACE OF DEATH o. COUNTY	Cecil	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If instituti b. COUNTY	on: Residence before admission) CCC1.1
RURAL and give n	If outside corporate limits, write earest lown) Elkton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or 2 / Elktor	utside corporote limits, write R	URAL ond give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stre 143 E. Hig		/d. STREET ADDRESS	igh ST.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Carrie	Middle A • A	tkinson	4. DATE Mon OF DEATH July	7 1958
5. SEX <u>计</u> "	Wh. wido	WED DIVORCED	8. DATE OF BIRTH 2-27-1886	9. AGE (In years last birthday) yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION during most of work HOU	king life, even it refired)	b. KIND OF BUSINESS OR INDU	Elkton, A		U. S. A.
13. FATHER'S NAME	hn A. Morgan		14. MOTHER'S MAIDEN N Annie A		
1S. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FORCES?		NFORMANT S. Alice Ann		Elkton, Md.
Conditions, if a gove rise to i couse (o), stoting lying couse lost.	DUE TO	typertensive art	teriosclerotic disease	cardio-vascu	lar onset and death unknown
ICATE					YEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P
	MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE			
Hour o. m.	Whi		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
alive on	Sapha	There of	occurred all 2:15p		that I last saw the deceased and an the date stated above DATE SIGNED 7/8/58
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC REMOMAL, (Specify)	ON, 226. DATE THEREOF	IDRENS, JR., M.D.	R CREMATORY	1kton, Marylar 22d. LOCATION (City, town, o	or county) (State)
23. FUNERAL DIRECTOR	1 /-10-1990	ADDRESS Elk	r Memo. Pk.		STRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 Med in by the funeral director, I and 2 shauld be filed with may be retained by the haspital or affending physician.

TO FUNERAL DIRECTOR: After this can be been signed by the attending physician and completely page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Page 1 should be detached for use as the burial-transit permit. Then please remove carban papers. Page 1 should be detached for use as the burial, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist No director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside carporate limits, write RURAL and give negrest town) RURAL and give nearest town RURA 91 A. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T 3 NAME OF 4. DATE Middle Month Year Day DECEASED (Type or print) DEATH 19.5 COLOR OR RACE FUNDER I YEAR IF UNDER 24 HRS S. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Manths Days Haurs Min. WIDOWED | DIVORCED I 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) pope 12. CITIZEN OF WHAT COUNTRY? during most of working diles even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** ony Conditions, if only, which gove rise to immediate DUE TO cause (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.1 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (State) Hour a. n. foctory, street, office bldg., etc.) While Nat while of work at work 21. I certify that I attended the deceased from 19 that I last saw the deceased and that death occurred at Le M, fram the causes and on the date stated above. ADDRESS (Street, city or fown, state) DATE SIGNED ACTUAL DIREC ploods PHYSICIAN'S NAME (Type) ENSHA 220. BURIAL, CREMATION, 226. DATE THEREOF 22C-NAME OF CEMETERY OR CREMATORY OCATION (City, tawn, or county, (State) DREMOVAL (Specify) 0 EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 1SM 9/5S

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7877 CERTIFICATE OF DEATH

07861

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Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY			MARYL	AND	2. USUAL RESIDEN	CE (When	re deceased	lived. Il instituti b. COUNTY	on: Residen	ce before	admissio	n)
Cecil	If outside corporate limit	e weite	c. LENGTH OF STAY II		Pennsylv			You				-
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Perry Poi	nt		lmonth 14da	ays	Delta				DX	-3		
d. NAME OF HOSPIT	FAL (If not in hospital, g	ive street	address)		d. STREET ADD	RESS				e.	ON A F	
Veterans	Administrat	ion	Hospital		None					1	rES 🗌	NO P
3. NAME OF DECEASED	Fire	i)	Middle		Lost		4. DATE	Mon	ith	Day	Ye	or
(Type or print)	JAME		E.		BARNETT		DEATH	July	,	19		58
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIEL	D 🔲 B	DATE OF BIRTH			P. AGE (In years last birthdoy)	Months Months		UNDER Hours	24 HRS. Min.
Male	White	WIDOWI	ED DIVORCED		7-6-98			60 yrs.	Monnes	Days	nours	Min.
100. USUAL OCCUPATION		ione 10b.	KIND OF BUSINESS OR	NDUST		E (Stole or	r foreign co		12. CIT	IZEN OF	WHAT C	OUNTRY
Rigger(re		1	deral		Cardif	e 11.	3		TT C	2 4		
13. FATHER'S NAME	m.rea/	100	OEPAI		14. MOTHER'S MA					1.BA		
							-					
Harold A. 15. WAS DECEASED EVE	Barnett	CES2 14	SOCIAL SECURITY NO	17 IM	LUCY M	ae Re	eymold	S Add				
	(If yes, give war or dates of se		SOCIAL SECURITY NO.									
Yes	WWI	1	79-09-6539	Hos	spital Re	rords	s, VAF	Perry	Point	. Md		
18. CAUSE OF DEA	ATH [Enter only one co-	use per li	ne for (o), (b), and (c).]								AND D	
PART I. DEA	TH WAS CAUSED BY:	Per	ritonitis d	ue t	o extrava	asati	on of	content	S			days
540.0	DUE TO		f viscera.									447
Conditions, if o		Par	otic Ulcer,	R1 00	dina					Unl	cnow	n
gove rise to i	mmediate	10	porc orcer	Dree	driig.					-	21011	
couse (a), stoting	the under-	Coat	t me i e iu ene s	+ omar	(777 59	(5						
lying couse lost.) (c)	uas	trojejuenos	COMY	(/) C	1						
PART II. OTH Emphys 20g. Accident wa OR CONTRIBUTING (IF EITHER, NOTIFY	ema Pulmona	ry, b	ilateral, se	vere	, unknowr	a cau	ISE.	CONDITION GIV	EN IN PAR		PERFORI	MED?
20g. ACCIDENT WA	CAUSE OF DEATH I	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture of in	ijury in Po	ort I or Port	II of item 18.)				
	MEDICAL EXAMINER)								17 6			
20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Yeo	While of wor	Not while	20e. PLAC focto	CE OF INJURY (Hon ory, street, affice blo	ne, form, dg., etc.)	20f. (City	or town)	(0	County)		(State)
21 I cartify th	at Mattended the	decens	ed from 5-2	26	., 1958 , 1	10 7-	19_	1058	-thet-le	low-to-morn	mehound	bururuu
		11										
MANAGERICA	1235000000	deax	appear and that	aearn (occurred at					ne date		
ACTUAL .	_(11	XIVA					eet, city or town,	121			E SIGNED
SIGNATURE	Deep	-20	meer	M	D. VA Hos	pital	Perr	y Point	Md.		7-2	20-58
PHYSICIAN'S					Mallett .							
NAME (Type)	R.BURKE SUI	TT,	M.D., Actin	g Di	rector,	Profe	ession	al Serv	ices.			
229-BURIAL, CREMATIO	N, 22b. DATE THEREO		22c. NAME OF CEMEN					ON (City, town,			(Stote)	
REMOVAL (Specify)	7-23-5	8	25 NT - 2				D-74	D.				
23. FUNE AL PRECTOR			Mount Net	00	24	la REC'D	Delt BY REGISTS	STATE OF THE PARTY	STRAR'S SIG	SNATURE)		
100-	H. Marson	ne				Fee		158	2	ne de		
HARKING E	TARRAT HOME	De De	Ita Pa		D/	ATE A	UL 4 4	20	10 20	MUN		

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FOR STATE HEALTH DEPT.

PLACE O e. COUN

b. CITY O

d. NAME

Veter.

NAME O DECEASE (Type or 5. SEX

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15. WAS DE Yes 18. CAU

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director. Board e funerol retoined State em 18. Give Pages 1, 2, and lang with form PM3. Page 5 burial-transit Office ord "pending" in Medical Exominer 0 cremotion, pesa 9 buriol. 3 should 0 DEPUTY MEDICAL EXAMINER Poge execute the certificate, writed to a shauld be forwarded to be seen agen!, its designoted

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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7878	MEDIC	AL EXAMINE	R'S CERTIFI	CATE OF	DEATH	Reg. D	Dist. No	. 96	
DEATH Cecil		MARYLA	O STATE	Marylan	. b COUNT		lence be	fare admi	ission)
R TOWN (If outside carporate e nearest town)	e limits, write RURAL	c. LENGTH OF STAY IN		WN (If outside corp		RURAL on		eorest to	wn)
Perry Point of Hospital or Instit ans Administ		10yrs.5mo.3d	d. STREET ADD	Baltimo RESS 2 Marx Av			01-	ON	ESIDENCE A FARM?
	First	Middle	Lost	4. DATE	Month	7	Doy	Υ	ear
orint)	GEORGE	Α.	BARTH		July	7	25	1	9 58
6. COLOR C		RIED NEVER MARRIED VED DIVORCED			9. AGE (in years lost birthday) 38 yrs.	Months	Days Days	IF UND Hours	ER 24 HRS. Min.
OCCUPATION (Give kind at of working life, even it et Metal Wor	f retired)	. KIND OF BUSINESS OR IN Iron Worker					SA	F WHAT	COUNTRY?
John I	Bartha		14. MOTHER'S MA	(?)	10.				
	RMED FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT Hospital R	ecords. V	Address AH. Perr	v Poi	nt.	Md.	
SE OF DEATH [Enter onlart I. DEATH WAS CAUSE IMMEDIATE OF THE PROPERTY OF THE	SED BY.						INTER	day	ATH
ons, If any, which e to immediate cause ting the underlying ast.	(b)								

20g. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)

Poured gasoline on himself and set fire to it. Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town)

MEDICAL 20c. TIME OF INJURY (County) factory, street, office bldg., etc.) Hour of work at work Collington St. 21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection to, Inquiry by

and in my opinion death resulted fram: Natural causes Accident . Suicide 3 Hamicide . Undetermined manner

ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER

SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** C. DODSON NAME (Type)

7-25-58 DEPUTY MEDICAL EXAMINER

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 1958 MORELAND MEMORIAL

22d. LOCATION (City, town, or county) PARKVILLE

(State) MARYLAND

PERFORMED? NO X

(State)

240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7859

CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	ed lived. If instituti b. COUNTY		
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carr	porate limits, write R	URAL and give	
d. NAME OF HOSPITAL (If not in hospital, give street of or institution Union Hospi		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NOW
3. NAME OF DECEASED (Type or print)	Middle Frank	Blake Jr Date	Mon H July		Day Year 30 1958
White M. W. WIDOWE		8. DATE OF BIRTH F'eb. 12 1902	9. AGE (In years lost birthdoy) 5 yrs.	Months Day	AR IF UNDER 24 HRS. S Hours Min.
	kind of Business or Indu Manager	STRY 11. BIRTHPLACE (Stote or foreign Childs Md			OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
J. Frank blake Sr		Florence A. 1			
	6-05-3956 мл	rs. J. Frank bla	ake Ch	ilds M	id.
1500		is and cachexia		0	NTERVAL BETWEEN NSET AND DEATH 6 months
gove rise to immediate cause (a), stoting the <u>under-</u>	. Carcinoma of	the large bowel			3 yrs.
Severe bilateral severe Severe bilateral Severe S	ontributing to DEATH BUT ciatic neuriti	not related to the terminal diseals secondary to 2.	SE CONDITION GIV	'EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO 🗖
	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Po	ert II af item 18.)		
Haur a. n. While	Not white of work	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.)	y or town)	(Caunt	y) (State)
21. I certify that I attended the decease alive on Tuly 30 19 5 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) S. Ralph Andr	and that death	occurred at 9 P M, fro ADDRESS (M.D. 233 E Main	m the causes a Street, city or town,	ind on the distate)	
220. BURIAL CREMATION, 226. DATE THEREOF Burial Aug. 2. 1958	22c. NAME OF CEMETERY O		ATION (City, town, a		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE PIPPIN FUNERAL HOME Done	ADDRESS	24a. REC'D BY REGIS		TRAR'S SIGNAT	

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certificate be

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third popy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10MT

ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07864

Reg. Dist. No.

CERTIFICATE OF DEATH 7879

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CECIL MARYLAND	STATE M COUNTY	ECIL
CITY (If outside corporate fimits, write RURAL LENGTH OF STAY (in this place)	CITY (It outside corporate limits, write RURAL and give neare	st town)
TOWN NORTH FAST	X TOWN NORTH EAST	RURAL
HOSPITAL OR	STREET (If rurel give location)	110111
INSTITUTION OR STREET ADDRESS	/ ADDRESS	
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Dey) (Yeer)
OECEASED (Type or Print) CD 26 - PULL DS F	OF DEATH 17	01 15
GIRACE TRILLIO	JOULUE IV	26 1950
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	BIRTH 9. AGE lest birthday IF UNDER 1	YEAR IF UNDER 24 HRS. Deys Hours Min.
FEMALE WHITE (Specify) WIDOWED 2	-5-1888 70 yrs.	
	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
retired) A) 0.11 S. E. L. L. E.	MARVIAND	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	- JA
Vilinia & Pillia Be	MARY DEMA	NI D
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or detes of service)	9 2 24 70 -4-6	
No	fra Boulden Holly C	act my
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	ONSET AND DEATH
11701 Coronary	Declusion	3 min.
ANTECEDENT CALIFE(S) DUE TO	4.	
DISEASES OR CONDITIONS, IF ANY, (B)	Arterioschrosis	3 yrs.
GIVING RISE TO THE ABOVE CAUSE		
STATING UNDERLYING CAUSE LAST, DUE TO		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1.tus . Pleuris - left. lower	
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Disease OR CONDITION CAUSING DEATH.	1,403 ; 1/20134 - 11/1/0000	
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
240x -		YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	ic. WHERE DID INJURY OCCUR? (City or lown) (County	(State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?	
M. at work at work		
22. I hereby certify that I attended the deceased from 27 J	7, 1958, to 26 Vol, 19 36, that 1 1	ast saw the deceased
	JA.M, from the causes and on the date stated	
SIGNATURE ///	ADDRESS (Street, city, town, stete)	DATE SIGNED
Blaus It. Huchur M.D.	North East Rd	26 July 158
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(Stete)
REMOVAL (SPECIFY) 7-19-58 METH	DIST NORTH FOR	FORRICA MI
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	DDRESS
JUL 3 0 '58 With educh	Dance 8-4 76 C	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 7860 Reg. Dist. No. director, death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) . COUNTY Cecil filed b. COUNTY MARYLAND Maryland Cecil M funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) pe RURAL and give nearest town) Elk Mills should Elkton weeks d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 54 Union Hospital NAME OF Middle 4. DATE Manth DECEASED Marv Kav DEATH (Type or print) 9. AGE (In years last birthday) 59 yrs. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH F UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Manths Femal e White 1898 DIVORCED | WIDOWED | yrs papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) death Newspaper-Furnitur Maryland Bookkeeper ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician John Kav Annie S Atkinson remave 17. INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 216-07-021 attending No Arnold Mills. Cooke, Elk 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] á PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which (b) gave rise to immediate DUE TO cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II ar Part II af item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) D. m. While Nat while at work ot wark 21. I certify that I attended the deceased from Athat I last saw the deceased that death accurred at ICA alive an M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL priar 0 PHYSICIAN'S Milford Sprecher NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

Cemetary

Cherry Hill

ADDRESS Elkton, Md.

22b. DATE THEREOF

22a. BURIAL CREMATION.

REMOVAL (Specify) Buria.

23. EUNERAL DIRECTOR'S SIGNATURE

e. IS RESIDENCE

Day

U.S.A.

(County)

22d. LOCATION (City, tawn, ar county)

246_REGISTRAR'S SIGNATURE

Cherry

24a. REC'D BY REGISTRAR

DATE JUL 1 4 '58

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(Stote)

ON A FARM?

YES NOT

Year

195

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24 ATTENDING PHYSICIAN: FUNERAL DIRECTOR TO HOSPITAL n may

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ual OCCUPATION CONTROL OF WORK OF WORK OF WARES NAME	6. COLOR OR RACE Negro N (Give kind of work	7. MARRIED WIDOWED Codone 10b. KIND (d)	DIVORCED DIV	8. DATE OF BIRTH 12-15-92	9. AGE (In y last birthd	ears IF UNDER	I YEAR IF UND	17
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or unknown) (1	f yes, give wor or dates of	service)			- Trait Des		1.114	
CAUSE OF DEAT	TH [Enter only one of	10 T		ospital Record	s, VAH, Fer	TY FOLII		
PART I DEAT	H WAS CALISED BY						ONSET AND	DEATE
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ACCIDENT WAS	UNDERLYING []	20b. DESCRIBE H			ort I or Port II of item 18	.)	- G	
ITHER, NOTIFY	MEDICAL EXAMINER)		C PRINT					
	Month, Day, Yo			ACE OF INJURY (Home, form,	20f. (City or town)	(C	County)	(Sta
p. m.	19		OI WILLIE	ctory, street, office blag., etc.)				
	ponditions, if on ove rise to im use (a), stoting ting couse lost. PART II. OTHI ATTEM ACCIDENT WAS CONTRIBUTING EITHER, NOTIFY A TIME OF INJURY Hour o.m. p.m. I certify the	IMMEDIATE CAUSE of DUE To onditions, if ony, which over rise to immediate use (a), stoting the undering couse lost. PART II. OTHER SIGNIFICANT COI Arterioscleros . ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH- EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Doy, You have o. m. 19 I certify that Xattended the	DUE TO onditions, if ony, which over rise to immediate use (a), stating the under- ing couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRI Arterio sclerosis, general CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER TIME OF INJURY Month, Day, Year Hour o.m. p.m. 1 certify that Xattended the deceased from	DUE TO Onditions. if ony, which over rise to immediate voice (a), stoting the under long couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Arteriosclerosis, generalized, mod. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year White Not white of work of work of work 19 work of work 5-28	DUE TO D	DUE TO Onditions, if ony, which over rise to immediate vote rise rise rise rise rise rise rise ris	DUE TO Onditions, if ony, which over rise to immediate undersolved DUE TO DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Arteriosclerosis, generalized, mod. severe. ACCIDENT WAS UNDERLYING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) ZOD. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) TIME OF INJURY Month, Day, Year While of work of two work of two or many part of the course of the	DUE TO Onditions, if ony, which pore rise to immediate use (a), stoting the undering couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERFORM. Arteriosclerosis, generalized, mod. severe. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of two works. I certify that Lattended the deceased from 5-28 - 19.58, to 7-13- 19.58, that blood work of the date state.

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ADDRESS

24g, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

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REMOVAL® (Specify)

EUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No

Months

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

days

PERFORMED? YES NO M

(State)

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Doys

(County)

YES NO

Year

195

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CERTIFICATE OF DEATH
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.: Page 4	may be retained by the haspital or "Fending physician."	0	0	+
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		MARY		STATE DEP					TIMORE, 1	8	በካደ	271
			788	GER'	TIFIC	ATE OF	DEATH	1		Reg. Dis	t. No.	96
	PLACE OF DEATH o. COUNTY Cec	il		MA	RYLAND	O. SIALE	arvlance		d tived. If institution b. COUNTY		e before	
	b. CITY OR TOWN RURAL ond give	(If outside corporate limit nearest lown)	its, write	c. LENGTH OF STA	AY IN 1b	c. CITY OF	TOWN (If o	utside corpo	orole limits, write R	URAL ond g	ive negre	st lown)
	Perry Po	int. Md.		lmonth]	L7 da			Baltin	nore		31	101-4
	OR INSTITUTION	Administrat				d. STREET		zlish	Consul A	venue		IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	WILLIAM	st	GEORGE		CRIFFI	THS	4. DATE OF DEATH	July		Doy 3	Yeor 19 58
	Male	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MAR	RRIED [8. DATE OF BIR		90	9. AGE (In years lost birthday) 68 yrs.			UNDER 24 HR
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3.	FATHER'S NAME		R	ailroad		14. MOTHER	YORK	AME		US	5A	
	Perciva	l L. Griffi	ths				ouelle		ıns			
	WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	10. 17. 1	NFORMANT			Adde	ess		
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WEDICAL CERT	20c. TIME OF INJU			NJURY OCCURRED	20e. PL	ACE OF INJURY	fHome, farm,	20f. (City	or town)	(Co	ounty)	(State
Language Communication of the	p. m. 21. I certify t	19	deceos	Not while of work and the	7_16,	19.58	}, toJ1	ıly 3,	,, 19_58	. decide	object of the second	deodese
	ACTUAL SIGNATURE	6.3		Ells				DDRESS (St	reet, city or town, Perry Poi	stote)		DATE SIG
	PHYSICIAN'S NAME (Type)	E. S. ELLS	, и.	D.,	Actin	g Direc	tor, P	rofes	sional Se	rvice	s.	
6	REMOVAL (Specify	1-1-3	8	ADDRESS	ORE	NATIO	SNAL	BAL BY REGIST	ION (City, town, a	r county) MAR TRAR'S SIGN	YLK VATURE	(State)
C	OOK_BLICE	TNC	600 Bal	9 Hartfor	d Rd.	9	DATE &		58 Cas	Lagran	Lahi	1
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CEPTIEICATE OF DEATH

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		100	J. CERTIN	CAI	OI DEA			Reg. Di	ist. No.		
1. PLACE OF DEATH a. COUNTY C	ecil		MARYLA		USUAL RESIDENCE O. STATE Md.	(Where decease	ed lived. If instituti b. COUNTY	Cec		re admiss	ion)
b. CITY OR TOWN (If of RURAL and give near Elkton		ts, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN	If outside corp	orate limits, write R	URAL and	give nec	arest town	1)
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, g Union Ho			1	d. STREET ADDRESS		eet				FARM?
3. NAME OF DECEASED (Type or print)	Fir Pa	ul	Middle J.		Harris	4. DATE OF DEATH	Jul		Do	,	Yeor 19 58
Male	Col.	WIDOWE] A	0 -	.936	9. AGE (In years last buthday) yrs.	Months	Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of working Self e	(Give kind of work of property of the property	1	obing	NDUSTRY	1	yland	country)	12. CI	TIZEN O	F WHAT	COUNTRY
13. FATHER'S NAME	lfred Ha	rris	}	14	I. MOTHER'S MAIDE	ene W	ilson			4	
15. WAS DECEASED EVER I	N U. S. ARMED FOR yes, give wor or dates of s			17. INFOI 9 Ir	ene Harr	is-ll	Add Booth		eet		
Conditions, if any gave rise to improve (a), stating the lying cause last.	nediate DUE TO)	201.4	Sign	Pops	mell	idas		0	24	ang.
20g. ACCIDENT WAS OR CONTRIBUTING D	UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURRED 20	URRED. (E		in Part 1 ar Pa			County)	9. WAS / PERFO YES []	RMED?
Hour a.m. p. m.	19	While at worl	Not while		street, office bldg.,						
21. I certify that alive an	7.3 PETE	, 12 5	(7)	M.D.	1958, to curred at 3		m the causes of treet, city or town,	ind an t		te state	
Burial, CREMATION, Burial (Specify)	\$/6/58)F	Providence		em.	Elk	tion (City, town, o	land		(State	e)
23. FUNERAL DIRECTOR'S	SIGNATURE OF	1	ADDRESS Wilm.Del.		24a. R	EC'D BY REOK	TRAR58 24b. REG	STRAR'S SI	GNATUR	RE//	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 Alled in by the funeral director, may be retained by the haspital or offending physician.

TO FUNERAL DIRECTOR: After this of ficate has been signed by the attending physician and campletel page 3 shauld be detached for use of the burial-transit permit. Then please remave carbon papers. If the registrar priar to burial, cremation, or remaval, and in any event within 72 haurs after death. VS A1S (4) 15M 9/SS

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FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the conditional pending in pending in pending in them. 18. Give Pages 1, 2, and 3 toking funeral director. Page 4 should be forwarded to the C. Medical Examiner's Office along with form PM3. Page 5 may relationed for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07873

o. COUNTY COC	il		MARYLAND	2. USUAL RESIDENCE o. STABOLO	(Where deceas	ed lived. If instit b. COUNT		dence be	fore odm	ission)
b. CITY OR TOWN and give negres! to	Jif outside corporate limits, w	rile BURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	porote limits, write	RURAL OF	nd give n	earest to	wn)
Frederick				Smyran	2	40	6 X -	3 0		
		(If not in hospi	tol, give street address)	d. STREET ADDRESS	St.				ON	A FARM?
NAME OF	F	First	Middle	Lost	4. DATE	Mont	th	Doy	1	eor
(Type or print)	John		D. John	nson	OF DEATH	7		26		958
5. SEX		E 7. MARRIED	NEVER MARRIED			9. AGE In years	IF UNDE	RIYEAR		ER 24 HRS
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13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
A.	Johns	on		Ann Hago	tian					
15. WAS DECEASED	EVER IN U. S. ARMED F		OCIAL SECURITY NO. 17, 1	NFORMANT		Address				
no	[11 yes, give wor or ones	di service)	ATI	bert D. John	som. Cl	hurch Rd.	. Bri	dea	Port	Pa.
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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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1. PLACE OF DEATH		11 40)/ 		2. USUAL RESIDENCE (V	/here decease	d lived. If institut	ion: Reside	nce befo	re admiss	ion)	
o. COUNTY			MAR	YLAND	Delaware b. COUNTY New Castle					e		
	(If outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpo					}	
RURAL and give			6vrs2mos4	even	Wilmington 46 ×					ζ 2		
d. NAME OF HOSP OR INSTITUTION	int. ITAL (if not in hospital, s	give street o	address)	may o	d. STREET ADDRESS		7			e. IS RES	DENC	
	Administra	tion	Hospital		433 S. Uni	on St.			3 3	YES [FARM	
3. NAME OF		rst	Middle	•	Lost	4. DATE	Mo	nth	Do	у	/ear	
(Type or print)	BENEDIC	m m	J.		KAUSS	DEATH		. 7	3	•	9 58	
S. SEX	6. COLOR OR RACE		IED NEVER MARRI	IED E 8.	DATE OF BIRTH		9. AGE (In years	IF UNDE				
Male	White	WIDOWE	DIVORCE	0 0	2-1-86		last birthday) 72 yrs.	Months	Days	Hours	Mir	
100. USUAL OCCUPAT	ION (Give kind of work	done 10b. 1	KIND OF BUSINESS O	OR INDUST	RY 11. BIRTHPLACE (Stot	e or foreign c		12. CI	TIZEN O	F WHAT	COUN	
Machinist	rking life, even if retired		Unknown		Delawar	9		II	S.A.			
13. FATHER'S NAME			OHAHOMI		14. MOTHER'S MAIDEN			100	D 6 22.1	•		
Wolferlower	Fred Kau	SS			Nykydw	/ K	atherin	е Ное	elle			
15. WAS DECEASED EV	ER IN U. S. ARMED FOI		SOCIAL SECURITY NO	D. 17. INI	ORMANT		Ado	iress				
(Yes, no. or unknown)	(If yes, give wor or dates of		Teal an aring	III	oital Record	NO WAL	Ponme	Point	- 1.5	a		
Y 6S	ATH [Enter only one co		Inknown		orrar mecole	ID, VAL	1 GTTA	TOTIL	المالا و تا	ue		
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FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ord "pending" in pencil in Item, 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Ch., Medical Examiner's Office along with farm PM3. Page 5 may retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to berial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7886 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

						Reg, Dist, I	No.
PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased	lived. If institut	ion: Residence	before admission)
a. COUNTY	ecil	MARYLAND	a. STATE		b. COUNTY	ecil	
b. CITY OR TOWN	(If outside carparate limits, write RUR)	AL C. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corpo			neorest town)
and give nearest tow	Deposit R.D	33	1				
	DONADO	t in hospital, give street address)	d. STREET ADDRESS	epesit	KaUa		o. IS RESIDENCE
			1				ON A FARM?
NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	De	oy Yeor
(Type or print)	MACK	K	EEN	DEATH	7-	12	19 58
. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED B	DATE OF BIRTH	9	. AGE (In years	IFUNDER TYEA	R IF UNDER 24 HRS.
M	WI	DOWED DIVORCED	3-30-1871		87 yrs.	Months Days	Hours Min.
00. USUAL OCCUPAT	ION (Give kind of work done	10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stot	e or foreign cou		12. CITIZEN	OF WHAT COUNTRY
	ing life, even if retired)	Trackman	Va			U.S.	A
13. FATHER'S NAME	ec. Handi	11 etckinest	14. MOTHER'S MAIDEN	NAME		0 00	JAC 0
			The same of the same				
	VER IN U. S. ARMED FORCES	2 ly cocky escuery no lity	Susia Kee	THE STATE OF THE S			
Yes, no. or unknown)	(If yes, give war or dates of service)			Address		
No		236-26-1621	Shirkey Diel	erson,	Port Der	posit, i	Md. R.D.
18. CAUSE OF DE	ATH [Enter only one couse po	er line for (o), (b), ond (c).]				IN	TERVAL BETWEEN
PART 1. DE	ATH WAS CAUSED BY:					0,	NOTE AND DEATH
1112	IMMEDIATE CAUSE (a)	Acute Ceronary a	nd Cerebral	Acciden	t.		
420.1	DUE TO						
Canditions, if		General Arteries	cleresis				
gove rise to imme (a), stating the		The state of the s					
couse fast.	(c)						
Z PART II. OT	The state of the s	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIVE	N IN PART 1(a)	TO WAS AUTOPSY
9						11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PERFORMED?
5							YES NO
PART II. OT 200. EXTERNAL CA PRIMARY Or CC CAUSE OF DEATH	ONTRIBUTING 206. DE	ESCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Po	ort f or Port II of	item 18.)		
20c. TIME OF INJU		- Smale	CE OF INJURY (Home, for ory, street, affice bldg., et	m, 20f. (Cily o	r town)	(County)	(Stote)
Hour a.m.		While Not while of work of work	ory, street, contact blags, at	.,			
21. I certify	that I took charge of	the remains described abo	ve. held an Auton	sv 🗍 Ins	pection 🙀,	Inquiry [and in my
			_			. , _	
opinion deoth	resulted fram: Natu	ural causes 🙀 . Accident [, Suicide,	Homicide [, Undefer	mined man	ner
ACTUAL	NIII	DOLARIA					DATE SIGNED
SIGNATURE	MUNG	OUVOUL	_M.D. CHIEF MEDICAL I	EXAMINER [DATE STOTES
FWAMMERIA			ASSISTANT MEDI	CAL EXAMINER			
NAME (Type)	R.C.Dedson		DEPUTY MEDICAL	EXAMINER 🔂		7-1134	58
	ON. 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATIO	ON (City, Iown, a	county)	(State)
REMOVAL (Specify	7-16-58	Belair Mem. Ga	rdeng	Bels		ford Co	wd.
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		'D BY REGISTRA		MAR'S SIGNAT	
9/	Emen	11 5 0			1000		
(10mm)	16.111-11 VI	cen wounds.	en My DATE	AF 1 9 20	w	-eauch	

MEDICAL EXAMINER'S CIETIFICATE OF DEATH

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	1003		CERT	IIICA	IL OI DE	AIII			Reg. D	ist. No	. 96	
1. PLACE OF DEATH	cil		MAR	YLAND	2. USUAL RESIDEN	CE (Whe		d lived. If instituti b. COUNTY	on: Reside		ore admiss	ion)
	(If outside corporate lim	its write	c. LENGTH OF STA	V INI II		V		role limits, write R			ment tour	
RURAL ond give r	neorest town)	,				. Air		role limits, write k	1 2 5	Give us	ciresi iowi	11
Perry Po	TAL (If not in hospital,	nive street	41 days		d. STREET ADDI	-			0		e. IS RES	IDENCE
OR INSTITUTION	Administra	THE WAY					120				ON A	FARM?
3. NAME OF	Fi	rst	Middl	le	Lost		4. DATE	Mor	th	Do	29	Yeor
(Type or print)	MILTON		P.	KI	RK	-	OF DEATH	July	26	XXX	Ϋ́	19 58
5. SEX		7. MARI	RIED NEVER MARI	RIED B	DATE OF BIRTH			9. AGE (In years lost birthdoy)		R 1 YEAR	IF UND	R 24 HRS.
Male	White	WIDOW			1-6-96		8.00	62 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLACE	(Stote o	r foreign c		12. C	ITIZEN (OF WHAT	COUNTRY
GOTTON A A A	rking life, even if retired an Helper		t ascertai	nable	Falls	ston.	Mary	vland	II	.S.A		
13. FATHER'S NAME	en nerher	1210	0 45001041		14. MOTHER'S MA			y <u>L</u> earce			- •	
Milton V	VARAU				Elizabe	oth T	E Des	r				
	ER IN U. S. ARMED FOI	RCES2 116	SOCIAL SECURITY N	0 17 IN	FORMANT .	2011 1	J. Da	y • Add	rmes			
{Yes no, or unknown]	(It yes, give war or dates of	service]			pital Rec	and a	~ TT A			21227	Pain	+ Ma
Yes	ANN I				brear rec	orus	o, VA	nospica	L, re			
	ATH [Enter only one of ATH WAS CAUSED BY:	ouse per li	ne for (o), (b), and (c	:).]						ON	ERVAL BE	DEATH
	IMMEDIATE CAUSE (o) Br	oncho pneu	monis						2	week	S
332×	DUE TO)										
Conditions, if		ol Ce	rebral thr	combos	is, hemir	legi	ia			ur	know	n
gove rise to couse (o), stoting)										
lying couse lost.) (c)										
PART II. OT	HER SIGNIFICANT COM	NDITIONS (CONTRIBUTING TO D	EATH BUT N	OT RELATED TO TH	ETERMIN	IAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	PERFC	AUTOPSY RMED?
	AS UNDERLYING CONTROL CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter nature of inj	jury in Po	ort I or Pari	t II of item 1B.)				
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Ye	ear 20d. II While at wor	NJURY OCCURRED Not while at work	20e. PLAC	E OF INJURY (Homory, street, office blo	ne, form, dg., etc.)	20f. (City	or town)		(County)		(Stote)
21 L cartify t	hat / attended the	decens	ed from 6-1	5_58	, 19, t	2 7.	-26-	10 58	Sath met al	-levet as	are on the on	al-mary
	accoccuttoco											
di AE OII	S XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		ZZZF, and ma	ir aearn	occurred at 23			reet, city or town,		the da		ed above
ACTUAL	San la	X	·		77 A 77			Street Contraction				
SIGNATURE	Creek	- Ce e		M	D. VA Hos	21.Ta	La re	rry Foln	DIG BIG			27-58
PHYSICIAN'S NAME (Type)	R. BURKE S	UITT,	M.D., Acti	ng Di	rector, P	rofe	ssion	al Servi	ces.			
220. BURIAL, CREMATIC		OF	22c. NAME OF CEA	METERY OR	CREMATORY	:	22d. LOCAT	TION (City, town,	or county)		(Stot	e)
Hemoval (Specify	7-29-58	5	Friend	Ishil			Fall	ston	401	-40	rd	11/0
23. FUNERAL DIRECTOR	STGNATURE	14	ADDRESS	1	240	. REC'D	BY REGIST	RAR 24b. REGI	STRAR'S S	IGNAT	RE	1111
111000	agt co	4/7	To see ab box	:77-	363	*-		1000	1 . 0.	uch		

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led in by the funeral director, s 1 and 2 should be filed with

thin 24 hours ofter death. Page 4

D FUNERAL DIRECTOR: After this filtiote has been signed by the attending physician and complet page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers, the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed tending physicion. may be retained by the hospitol or TO FUNERAL DIRECTOR: After this

VS A15 (4) 1SM 10/57

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OR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the and "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the CV. Medical Examiner's Office along with farm PM3. Page 5 may retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

VS. A15ME SM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7887 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

							Reg. D	st. No.		
o. COUNTY Ced	il		MARYLAND	o. STATE Mary		sed lived. If institution b. COUNT		nce befo	ore admi	ssian)
b. CITY OR TOWN (If and give negrest lown)	autside carporate fimits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside cor	porote limits, write	RURAL one	give ne	earest to	wn)
Elkto			34 yrs.	x Elktor	1, R.	D.4				
d. NAME OF HOSPITA	AL OR INSTITUTION (lf not in hosp	pital, give street address)	d. STREET ADDRESS					ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fir	st	Middle	Last	4. DATE OF DEATH	Mont	h	Doy		ear C
S. SEX	6. COLOR OR RACE	7. MADDIE	D NEVER MARRIED	R DATE OF RIPTH	DEATH	9. AGE (In years	IF UNDER	TYFAR		9 5E
73	V. COLOR OR RACE	WIDOWED				last birthday)		Doys	Hours	Min.
On USUAL OCCUPATION	N (Give kind of work		IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote		(ountry)	la ciri	7ENLOS	WHAT	COUNTRY
during most of working	g life, even if retired)	,	INTO OT SOSINESS OK INDOOR		or roreign	coomy				CODIMIKI
Triump 3. FATHER'S NAME	EXD. MO	rker		Poland 14. MOTHER'S MAIDEN	NIA ME		10.2	5.A.		
S. TATHER S NAME	. 0 1-			The second second						
NO NAS DECEASED EVI	informat		COCIAL CECHOLEY NO. 137		forma					
15. WAS DECEASED EV	(If yes, give war or dates of	tervice)	6-10-5975	Alexander	Kluk	ewicz,	Elkto	n,	Md.	
18. CAUSE OF DEA	TH [Enter only one cou	se per line f	for (o), (b), and (c).]					INTER	VAL BETWE	EN
PART I. DEAT	TH WAS CAUSED BY:	A	cute Corona	ry Occlusio	on			ONSE	AND DEA	KIH .
1260 X	DUE TO			0						
Conditions, if o			Diabetes							
gave rise to immed	diate cause									
(a), stating the couse lost.	underlying (c)									
PART II. OTH			NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GI	VEN IN PAR	17	PERFO	AUTOPSY RMED?
PART II. OTH	JSE WAS NTRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED.	Enter nature of injury in Pa	rt I or Part I	of item 18.)				
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yee	or 20d. Il While of wor	Not while fac	ACE OF INJURY (Home, forratory, street, office bldg., etc.		y or town)	(Cou	inty)		(Stote)
21. I certify th	nat I took charge	of the r	emains described abo	ove, held an Autops	у 🔲 . Т	nspection	Inquir	у 🔯,	an	d in my
opinian death	resulted fram:	Vatural c	auses Accident	, Suicide ,	Homicide	Undete	ermined r	nanne	r 🗆	
ACTUAL SIGNATURE	Ulp	10	drev	M.D. CHIEF MEDICAL E					DATE S	IGNED
EXAMINER'S NAME (Type)	R.C.	Dodso	n	DEPUTY MEDICAL			7-1	0-5	58	
Burial, CREMATIC REMOVAL (Specify)	N, 226. DATE THEREC		22c. NAME OF CEMETERY O	CREMATORY COnception		ATION (City, Iown,		-	(State	e)
3. FUNERAL DIRECTOR	'S SIGNATURE	0	ADDRESS		D BY REGIS		STRAR'S SIC			
Pippin Fu	neral Hom	e Zan	ald In Dec Elkt	ton, Md DATELL	1 4 '58	h. /	e A 1 1 A	1		

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FOR STATE

This certificate should be executed within 24 havrs after death. If any delay is necessary, please ord "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page Medical Examiner's Office along with form PM3. Page 5 may retained for your files. Addid be used as a buriol-transit permit. File pages 1 and 2 with a State Boord of Health, burial, crematian, ar removal, and in any event within 72 haurs after death. M

execute the certificate, writing the ord 4 shauld be farworded to the C. Medi TO FUNERAL DIRECTOR: Page 3 should be at its designated agent, prior to burial, TO DEPUTY MEDICAL EXAMINER:

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7888

07878

Reg. Dist. No.

a. COUNTY	cil		MARYLANG	MARYLAND 2. USUAL RESIDENCE (Where deceded lived. If institution): Residence before admission) 5. COUNTY Maryland 6. COUNTY Maryland					
b. CITY OR TOWN and give represt for	(If autside carporale limits, write Ri	URAL C. LEN	GTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	rote limits, write	RURAL and give	nearest town)	
Rising		25	yrs	X Rising S	un				
d. NAME OF HOSP	ITAL OR INSTITUTION (IF	ot in hospital, giv	e street oddress)	d. STREET ADDRES	SS			on a farm?	
3. NAME OF DECEASED (Type or print)	Jesse:	Lee	Middle Lynch	Lost	4. DATE OF DEATH	Month	Doy	Year 19 58	
5. SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9	. AGE (In years lost birthday)	Manths Dovs	R IF UNDER 24 HPS	
M	W	VIDOWED [DIVORCED	July 26-18	391	66 yrs.	Manths Doys	Flours Min.	
	ION (Give kind of work doing life, even if retired) Aerchant		ng Store	The second secon	tote or foreign cou Lrginia.	untry)	12. CITIZEN	A .	
13. FATHER'S NAME				14. MOTHER'S MAIDE	EN NAME				
Herbe	ert O. Lynch			Ollie Re	dgers				
15. WAS DECEASED E	VER IN U. S. ARMED FORC			INFORMANT		Address			
No		None		Mrs. Jesse 1	L. Lynch.	Rising	Sun. Md	•	
Conditions, if gove rise to imm (e), stoling the couse lost. PART II. O 200. EXTERNAL C PRIMARY Or C CAUSE OF DEATH	underlying DUE TO THER SIGNIFICANT CONDIT	Andrew Andrew State Stat		NOT RELATED TO THE TE			/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO	
	ONTRIBUTING [
20c. TIME OF INJ	1.	20d. INJURY (While h of work a	Not while fo	ACE OF INJURY (Home, ctory, street, office bldg.,	etc.)	or fown)	(County)	(Stole)	
	that I took charge of he resulted from: No		_	, Suicide ,	Homicide		Inquiry S		
EXAMINER'S NAME (Type)	R.C.Dods	on			DICAL EXAMINER		7-5-51	3	
220. BURIAL, CREMAT		755 M.	ME OF CEMETERY C	OR CREMATORY	22d. LOCATIO	ON (City, lawn,	or county)	(Stote)	
23. FUNERAL DIRECTO	OR'S SIGNATURE	R	DORESS Since &		JUL 7 '58	10	STRAK'S SIGNAT	JRE	

MEDICAL EXAMINATION CERTIFICATE OF DIATH

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	82-1-1	Research Manager	110	3. ? (* c*

CERTIFICATE OF DEATH

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	.000						Keg. Dist	r. NO,	
1. PLACE OF DEATH	ecil		MARYLAND	2. USUAL RESIDENCE (WI		d lived. If institution b. COUNTY	on: Residence	e befare admis	isian)
b. CITY OR TOWN (I RURAL and give no Perry Po		its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF C	outside corpo r Spri		URAL and gi		n)
	TAL (If not in hospital,	give street		d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
	dministrat	ion H	ospital	932 Philade	lphia	Avenue			NO X
3. NAME OF DECEASED (Type or print)	George	rst	Middle (NMI)	Jartin	4. DATE OF DEATH	July	th	Day	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARE	HED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years (ast birthday)		YEAR IF UND	7
Male	White	WIDOWI	ED DIVORCED	5-6-89		69 yrs.	Manins	Days Hours	Min.
10o. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign co	ountry)	12. CITI	ZEN OF WHA	T COUNTRY
Shoemaker			Shoemaking	Armenia			U.S	6.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	NAME				
Poe Marti				Unknown					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	service)		NFORMANT		Add			
Yes	WW I	Not	ascertainable	e Hospital R	ecords	, VAH, P	erry I	Point,	Md.
PART I. DEA	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Dan	ne for (o), (b), and (c).]	,bilateral,un	resolv	red		ONSET AND	days
163X	DUE TO	Car	cinoma of Lun	with Metast	asis t	o the hi	lar		
Conditions, if a			les, esophogus					Unkno	wn
gave rise to i	mmediale (,,,,,						
lying cause last.) (0)						<u></u>	
PART II. OTI			CONTRIBUTING TO DEATH BUT		INAL DISEASI	E CONDITION GIV	EN IN PART	PERF	ORMED?
Arterios	S UNDERLYING		cribe how injury occurre		D D			YES X	ио 🗌
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. 0130							
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	ar 20d. It While at worl	Nat while fa	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc	n, 20f. (City i.)	or tawn)	(Ce	ounty)	(State)
21. I certify th	at/I aftended the	decease	ed from 5-9-58	, 19, to 7	-11	. 19.58	THE STATE OF THE S	SECIE CONTROL	2002000
	1		GCGC and that death	occurred at 5:30	PM, from	n the causes a	nd on th	e date stat	ed above
ACTUAL SIGNATURE	Behh, &	Gua	bernon	M.D. VA Hospi		reet, city or town, Perry Poi			ATE SIGNE
	-			M.D	0044		1103	22	7-70
PHYSICIAN'S V	J. C. GRASE	BERGE	R, M.D. Acti	ng Director,	Profes	sional S	ervic	es.	
22a. BURIAL, CREMATIO REMOVAL (Specify)		DF /= //	22c. NAME OF CEMETERY O			TION (City, town, o	,,	(Sta	te)
Removal	1/13/	21	Baltimore Na		Balti	more, Ma			
23. FUNERA DIRECTOR	SSIGNATURE	D	ADDRESS		D BY REGIST	RAR 24t REGIS	TRAR'S SIGN	NATURE	
PROMINO	TON KISONT	ga	→ Havre de Gr	ace, Md. DATE	-				

ed in by the funeral director, is I and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 D FUNERAL DIRECTOR: After this contract has been signed by the attending physician and campletely page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Page registrar prior to burial, crematian, or remayal, and in any event within 72 haurs, after death. inding physician. TO FUNERAL DIRECTOR: After this co VS A15 (4) 15M 10/57

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	683		CERTIF	ICAII	E OF DEATH	1		Reg. Dist	. No.	
o. COUNTY	Cecil		MARYL	- 11	USUAL RESIDENCE (WHO o. STATE	ere deceased	lived. If institution b. COUNTY	-	before od	mission)
b. CITY OR TOWN (If outside corporate limi		LENGTH OF STAY IN	и 16	c. CITY OR TOWN (If o	utside corpor	ote limits, write R	URAL ond gi	ve nearest (own)
Chesape	ake City		45 Year	SX	Ches	apeak	e City			
d. NAME OF HÖSPI OR INSTITUTION	TAL (If not in hospital, g	ive street add	dress)	/	d. STREET ADDRESS				0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	William	sf	Middle	Ma	rtin Sr.	4. DATE OF DEATH	July	th	Doy 28	Year 19 5 F
5. SEX	6. COLOR OR RACE	7. MARRIET	NEVER MARRIED	8. D/	ATE OF BIRTH	100	9. AGE (In years		YEAR IF U	NDER 24 HRS.
Male	White	WIDOWED	DIVORCED	□ De	c. 28,190	3	lost birthdoy) 54 yrs.	Months [Days Ho	Min.
during most of wor	ON (Give kind of work of king life, even if retired) Derator)	nd of Business or		11. BIRTHPLACE (Stole Austri	or foreign co			S.A.	AT COUNTR
3. FATHER'S NAME	polatol		SCOTOL	14	I. MOTHER'S MAIDEN N			1 0	Dene	
	John Mart	in			lihomog	. 7 - 3				
S. WAS DECEASED EV	ER IN U. S. ARMED FOR		CIAL SECURITY NO.	17. INFOR	Theres	a vaj	Add.	ress		
(Yes, no, or unknown)	(If yes, give war or dates of s		CIAL SECORITI NO.			//			2	
				turno.	Mary K.	MET. CT	H OHE	sapea		
	ATH [Enter only one co	use per line	for (o), (b), and (c).]						INTERVAL	BETWEEN ND DEATH
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	57	ARVAT	10N					30	
199.2	DUE TO									
Conditions, if a			STRICTIO	NO	F BOWE	1			Pres	YEAR
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lying couse lost.	the under-		PCINOMA	OF	PANCREA	SAN	OSTOM	ACM	27,	KS
PART II. OT 20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	HER SIGNIFICANT CON	DITIONS COL	NTRIBUTING TO DEAT	TH BUT NOT	RELATED TO THE TERMI	VAL DISEASE	CONDITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?
									163	I NO L
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OC	CURRED. (E	nter noture of injury in f	ort I or Port	II of item 18.)		163	LI NO LA
20g. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY Hour o.m., p. m.			JRY OCCURRED 2	Oe. PLACE	OF INJURY (Home, form street, office bldg., etc.	20f. (City		(Co	unty)	(State)
20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the	RY Month, Day, Yes	or 20d. INJU While of work	IRY OCCURRED Not while of work from Off	PLACE of foctory,	OF INJURY (Home, farm street, office bldg., etc.	20f. (City	or town)	that I la	unty) ist saw tl	(State)
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year 19 hat I attended the	or 20d. INJU While of work	IRY OCCURRED Not while of work from Off	PLACE of foctory,	OF INJURY (Home, farm street, office bldg., etc.	20f. (City	or town) S, 1955 the causes of	that I la	unty) ist saw tl	(State
20c. TIME OF INJUI Hour o. m., p. m. 21. I certify the	RY Month, Day, Year 19 hat I attended the	or 20d. INJU While of work	IRY OCCURRED Not while of work from Off	PLACE of foctory,	OF INJURY (Home, farm street, office bldg., etc.	20f. (City	or town) S, 1958 I the causes of eet, city or town,	that I la	unty) ist saw tl	(Stote) ne decease
20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the	RY Month, Day, Year 19 hat I attended the	or 20d. INJU While of work	IRY OCCURRED Not while of work from Off	PLACE of foctory,	OF INJURY (Home, farm street, office bldg., etc.	20f. (City	or town) S, 1958 I the causes of eet, city or town,	that I la	unty) ist saw tl	(Stote) ne decease
20c. TIME OF INJUI Hour o. m. p. m. 21. I certify II alive on ACTUAL SHONATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC	hat I attended the	deceased Vz D	From Officers of the Control of the	ROE. PLACE of foctory, death accommodition of the foctory of the	OF INJURY (Home, farm street, office bldg., etc.	20f. (City) M/from ADDRESS (Str. S/) P 2	or town) S, 1956 the causes of the cause of	that I la and an the stote)	unty) ist saw tl date st	(Stote) ne deceassated abov DATE SIGNI 7/36/
20c. TIME OF INJUINED TO MAKE (Type)	hat I attended the	deceased 19 Vr D	From Officers of the Control of the	ROE. PLACE of foctory, death accommodition of the foctory of the	OF INJURY (Home, farm street, office bldg., etc.	20f. (City) M/from ADDRESS (Str. S/) P 2	or town) S, 1957 the causes of the cause of the causes of the cause of the cau	that I la and an the stote)	unty) ist saw tl date st	(Stote deceas ated above DATE SIGN

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FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ford "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farworded to the Clarameter Examiner's Office along with farm PM3. Page 5 may retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremotion, ar removal, and in any event within 72 haurs after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07881

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1. PLA	COUNTY COC	il			MARYLAI	ND	2. USUAL RESIDENCE (W	/here deceased		Mont		
b. (and give negrest town			c.	visitor	1b	c. CITY OR TOWN (IF		ote limits, write	RURAL ond	give nec	prest (awn)
	The state of the s	apeake C					- Ryc	dol		75	X	3
d, f	NAME OF HOSPIT	AL OR INSTITUTION	(If not i	n hospital	l, give street address)		d. STREET ADDRESS	Scrop	e Road			e. IS RESIDENCE ON A FARM? YES NO
DEC	ME OF CEASED pe or print)		ken	t	Middle	Mat	thias	4. DATE OF DEATH	Month 7		Poy 7	Year 19 58
5. SEX	M	6. COLOR OR RACE		ARRIED [NEVER MARRIED DIVORCED	8.	Jan. 7 19		AGE (In years lost birthday)	Months C	-	F UNDER 24 HRS. Hours Min.
10o. U duri	ing most of working	ON (Give kind of world life, even if retired ant	done 1	0b. KIND	OF BUSINESS OR IND	USTR	Phiahd		hy)		EN OF	WHAT COUNTRY
13. FA	THER'S NAME						14. MOTHER'S MAIDEN N	AME				
	Paul	Valenti		Mat	hias		Ethel	Hall				
	AS DECEASED EV	ER IN U. S. ARMED FI (If yes, give war or dates o		16. 500	TIAL SECURITY NO.		aul V. Ma	thias,	Rydo	1. P	a.	
0 (0		underlying DUE TO	o) >		Drowne	đ						NE BETWEEN AND DEATH
CERTIFICATION							T RELATED TO THE TERMII			N IN PART		WAS AUTOPSY PERFORMED? S NO
	a. EXTERNAL CAL HMARY LA or COL AUSE OF DEATH.	JSE WAS NTRIBUTING []	F	ell	into the	U	er noture of injury in Part hesapeake	Canal		sapea	ke	city
MEDICAL	HOUT O. M.	Month Day, X	58	Od. INJU While I work [OF INJURY (Home, form, y, street, office bldg., etc.)		hesape	coun		il Md
0		^			ains described of ses . Acciden	-	e, held an Autopsy	fomicide [ection] , Undeter	Inquiry mined m	anner	and in my
E:	XAMINER'S AME (Type)	R.C.I	ods	on			ASSISTANT MEDICAL E)	7-8-	58	
Ri	EMOVAL (Specify)	7/9/	of 1958		NAME OF CEMETERY	OR C	Phil	adelph		nna.	-	(Stole)
	ppin Fu	s signature neral Ho	me	Jones	ADDRESS	lk	240. REC'D	JULEGISTAAR	58 24b. ALGIST	RANGS SHOP	YATONE	

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CERTIFICATE OF DEATH

Reg. Dist. No.

	LACE OF DEATH . COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY b. COUNTY	before admission)
b.	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 PURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve riegrest (ewn)
1	. NAME OF HOSPITAL (If not in hospital, girt street address) OR INSTITUTION Wilson husburg Home	d. STREET ADDRESS Chrisokeake Oftel M.	e. IS RESIDENCE ON A FARM? YES NO D
3. N.	IAME OF ECCASED Type or print) Restie L	Me Doef 4. DATE OF DEATH SCHOL	Day Year
5. SE	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		YEAR IF UNDER 24 HRS. Days Hours Min.
11	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewal	ISTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY
13. F/	Slorge F, Runner	14. MOTHER'S MAIDEN NAME Mary Andrews	selson
15. W [Yes. 1	NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or doles of service)	informant in his bitt mothing	ham Bu
)	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) SENILITY		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If ony, which) DUE TO Conditions, If ony, which) ARTERIO - SCL	E805KS	YEARS
	gave rise to immediate couse (o), stoting the under-lying couse lost.		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of Item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	LACE OF INJURY (Home, form, coctory, street, office bldg., etc.)	ounty) (Stole)
-	21. I certify that I attended the deceased from Capacity 200 alive on 1250, and that death	2156	ast saw the decease
	ACTUAL Hen N. Dono M. A.	ADDRESS (Street, city or town, state)	DATE SIGNE
	PHYSICIAN'S HEWRY V. DAVIS M.D.	CHECAREAICE CITY	Mo
	BURIAL, CREMATION, 22h. DATE THEREOF 22c. NAME OF CEMETERY C REMOVAL (Specify) 449-5-8 ROCK ALLY	OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
23. FI	FUNERAL DIRECTOR'S SIGNATURE ADDRESS L	240. REC'D BY REGISTRAR 24b. REGISTRARIS SIGN	NATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or alterning physician.

TO FUNERAL DIRECTOR: After this of licate has been signed by the attending physician and campletely ed in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pagers. Pours I and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

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FOR STATE HEALTH DEPT.

delay is necessary, please funeral director. Page etained for your files. State Board of Health, death.

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17	4		6	or its designated agent, prior to burial, cremation, or remaval, and in-any event within 72 hours after a	
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18		15	1 TO FUNERAL DIRECTOR: Page 3 should be used as a burial transit permit. File pages 1 and 2 with the		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7864 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Cecil Mass. MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAS c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negresi town) Elkton 8 Hours New Bedford d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 16 Hussey St. Union Hospital YES NO TH 3. NAME OF First Middle 4. DATE Month Year DECEASED 58 (Type or print) DEATH H. Midglev 19 5. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Doys Hours WIDOWED DIVORCED [10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Providence, R.I. House wife House Keeping 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Hayward Hanna Harper New Bedford, 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address IYes, no, or unknown) (If yes, give war or dates of service) Midgley, Hussey St. no 16 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN CINSET AND DEATH PART I. DEATH WAS CAUSED BY: Renal Failure, Anuria Arteriosclerotic IMMEDIATE CAUSE (0) DUE TO cardiovascular renal disease. Conditions, if ony, which gave rise to immediate cause DUE TO (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO P 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a. m. of work at work p. m. 21. 1 certify that I tack charge of the remains described above, held an Autopsy . Inspection . and in my opinion death resulted fram: Notural causes [4]. Accident . Suicide . Homicide . Undetermined manner ACTUAL DATE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S R.C. Dodson DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Acushnet Cemetery Acushnet. Mass. Removal ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR DATE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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Reg. Dist NZ 895

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1. PLACE OF DEATH o. COUNTY	Cecil	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived.	If institution: Resid	ence before adm	nission)
b. CITY OR TOWN	(If outside corporate limits, with negrest town)	c. LENGTH OF STAY IN 16 1 month 11 day	c. CITY OR TOWN (IF		ts, write RURAL on	d give nearest to	own)
OR INSTITUTION	PITAL (If not in hospital, give so Administration		d. STREET ADDRESS 2619 - 11th	Street, N	.w.	ON	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First GEORG	Middle W.	MILES	4. DATE OF DEATH	Month July	Doy 23	Year 19 58
5. SEX Male		MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH February 20,	lost 1	(In years orthogonal Jean Months	ER 1 YEAR IF UN	
during most of w	TION (Give kind of work done orking life, even if retired) enter	106. KIND OF BUSINESS OR INDU Building	New Jer	rsey	12. (USA	AT COUNTRY
13. FATHER'S NAME	WATITTW	WITT TO	14. MOTHER'S MAIDEN	State of the state			
15. WAS DECEASED ET	VER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) WW I	16. SOCIAL SECURITY NO. 17. I	HEORMANT RECORD	COLYER	Address Dital. Pe	erry Poi	int. Md
Conditions, if gove rise to couse (o), stotin lying couse los	ony, which immediate g the under-	Pyelonephritis bi	bladder, seve				days) days
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ZOc. TIME OF INJU Hour o. m p. m	. 10 V	20d. INJURY OCCURRED 20e. PL While Not white for twork of work	ACE OF INJURY (Home, formationy, street, office bldg., etc.	n, 20f. (City or town)	(County)	(Stote)
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SIGNATURE	- HI YMAX	farin	M.D. V.A. Hos	oltal, rer	ry Point	, MQ.	7-23-5
PHYSICIAN'S NAME (Type)	W. M. HARRI	IS	Acting Di	rector, Pr	ofessions	al Servi	Lces
220. BURIAL, CREMATI REMOVAL (Specif	7-23-58	22c. NAME OF CEMETERY O Arlington		22d. LOCATION (CI) (S	itote)
23. FUNERAL DIRECTO	on & Son Hay	re de Grace, Md.		D BY REGISTRAR 2 5 158	REGISTRAR'S	SIGNATURE	

	MENT OF HEALTH BATTIMONES IN	HYLAND STATE OFFICE		
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VS. A15ME 5M 2/57

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NEXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please	firector.	or your	ard of h	agent, prior to buriol, cremation, or removal, and in any event within 22 hours after death.
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07886 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7865 Rea Dist No.

	CALLY FOR LANGUAGE TO A CALL TO THE CALL THE CAL	7-70 6 0			Kag. Dist.	
PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE				before admission)
Cecil	MARYLAN	o. STATE Mar	yland	b. COUNTY	Cecil	
b. CITY OR TOWN (If outside corporate fimits, write RUR	C. LENGTH OF STAY IN 1	b c. CITY OR TOWN (If autside carparate i	limits, write	RURAL ond giv	e neorest lown)
and give nearest town)	2 months	X XXXXXXX	Madd to the	(/1/ 1	Elkton	
d. NAME OF HOSPITAL OR INSTITUTION (IF no		d. STREET ADDRESS	The second secon		4-1-1	e. IS RESIDENCE
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NAME OF First	Middle	Lost	4. DATE	Month	7-7-7-	oy Year
(Type or print) Willi			OF DEATH	-		10 ~
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4.5	IDOWED DIVORCED	6-10-1873		5. yrs.		
 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	106. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State	e or fareign country)		12. CITIZEN	OF WHAT COUNT
Laborer	General	Marvla	nd		T	I-S-A-
. FATHER'S NAME	Jenoral	14. MOTHER'S MAIDEN				
		A A	36.70.13.			
William I.? P	S? 16. SOCIAL SECURITY NO. 17	Anne A.	MCBLIde	4.11		
n. no, or unknown) (If yes, give war or dates of service		, INFORMANS		Address		
no		Hospital	Records.	Elk	ton, M	d.
18. CAUSE OF DEATH [Enter only one cause p	per line for (a), (b), and (c).				11	NTERVAL BETWEEN
					C	INSET AND DEATH
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Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying couse lost. (c),						PERFORMED?
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg. Dist. No.

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f any delay is necessary, plee to the funeral director. Pa etained for your files the State Board of Heol his certificate should be executed within 24 hours after death. If any delay is road "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the funeral Medical Examiner's Office along with form PM3. Page 5 may be taken be used as a burial-transit permit. File pages 1 and 2 with the State varial, cremation, ar removal, and in my event within 72 hours after death. execute the certificate, writing the ford 4 should be forworded to the Ct. Med TO FUNERAL DIRECTOR: Page 3 should be or its designated agent, prior to burial, TO DEPUTY MEDICAL EXAMINER: This

VS. A15ME 5M 2/57

J		LACE OF DEATH	, ,				NCE (Where dece	ased lived. If insti		e before	admission)
		Cec	13		MARYLAND	o. STAJE Mary	land	b. COUN	Cecil		
1	b,	CITY OR TOWN [If and give hearest town]	pulside corporate limits, writ	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside co	rporale limits, wri	e RURAL and g	ive neare	est tawn)
-		Chesapeal	ke City		visiting	X	Warwick				
	d.	NAME OF HOSPITA	L OR INSTITUTION (If nat in hos	pital, give street address)	d. STREET ADD	RESS				ON A FARM?
-		The second secon	& Delawa	re Car	nal	II .				YI	ES NO
13	D	NAME OF DECEASED	Fir	st	Middle	Last	4. DATE	Mar	ith	Day	Year
	(1	Type or print)	Rayburn		Bishop	Perkins	DEATH	7		17	1958
5	. SE	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED B	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 14	EAR IF	UNDER 24 HRS.
		100	C	WIDOWE	D DIVORCED	11-30- 1	רוס	16 yr		ays Ho	ours Min.
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	a	Student	life, even if retired)						77.0		
	13.	FATHER'S NAME			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14. MOTHER'S MA	DEN NAME		Us	A.	
		D				20.					
-	15.	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES2 114	SOCIAL SECURITY NO. 17, II	MATY AC	elaide D				
		ne, er unknown)	(If yes, give was as dates of	service)	SOCIAL SECONITI NO. 17, II	TORMAIN!		Addre	15		
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			H [Enter only one car	se per line	for (a), (b), and (c).				1957111	INTERVAL	
		PART I. DEAT	H WAS CAUSED BY:		Drowned						
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	z i	PART II. OTHI			ONTRIBUTING TO DEATH BUT N	OT RELATED TO TH	E TERMINAL DISEA	SE CONDITION G	IVEN IN PART 1	(a) 19, W	VAS AUTOPSY
	¥									YES	ERFORMED?
		200. EXTERNAL CAU	SE WAS 20	b. DESCRIB	E HOW INJURY OCCURRED. (E	nter nature of injury	in Part Lar Part	Il of item 18 1		1,50	L Maga
	CERTIFICATION	PRIMAR TO OF CON	TRIBUTING [
	₹	20c. TIME OF INJUR	Y Month, Day, Ye	We rit	into deep a w	CE OF INITIRY IHOR	e form 1206 (C)	ly or lown)	(Count	w)	(State)
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	1	2.25 p.m.	7 17 19		ork at work Ch	es. Del C		sapeake		ici3	Md.
	1	21. I certify the	at) took charge	of the	remoins described obo	ve, held on A	utopsy,	Inspection 5	Inquiry	2	ond in my
		opinion death	esulted from:	Votural o	couses . Accident	, Suicide [, Hamicid	e 🔲, Undet	ermined mo	nner	
		1) () 2 /	10	2 - 1 - 12						
1		ACTUAL SIGNATURE	XXXX	140	Main	A D CHIEF MED	ICAL EXAMINER	3		DA	ATE SIGNED
		V	+				MEDICAL EXAMIN	ER 🗍			
-		EXAMINER'S NAME (Type)	R.C.Dedse	n		DEPUTY ME	DICAL EXAMINER	D	7-18-5	**	
3	72a.		1. 22b. DATE THERE		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOC	ATION (City, town	or county)		(Slate)
	B	urial urial	7/20/5	8	Bohemia Mar	nor Cem.	Boh	emia Ma	anor, M	d.	
1	-	FUNERAL DIRECTOR	SIGNATURE		ADDRESS	24	REC'D BY REGIS	TRAR 246 REC	STRAR'S SIGN	ATURE	
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FOR STATE HEALTH DEPT f any delay is necessary, please to the funeral director. Page etained far your files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the certificate, writing the frond "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funer 4 should be forwarded to the CVM Medical Examiner's Office along with form PM3. Page 5 may retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State as it's designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours ofter death.

VS A 15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7866 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			Reg. Disl. No.	
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE	(Where deceased lived. I	f institution: Residence before admissi	ion)
Cecil	MARYLAND O. STATE Md.	b. (County Cecil	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	STAY IN 16 C. CITY OR TOWN	(If outside corporate limits	s, write RURAL and give nearest town	1)
	minutes X Che	sapeake Ci	ty R.D.1	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street			e. IS RESI	IDENCE
Unich Hospital				FARM?
3. NAME OF DECEASED (Type or print) Raymond Bis:	hop Perkins	4. DATE OF DEATH	Month Day Yeo	-0
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER A	ARRIED 8. DATE OF BIRTH	9. AGE (In	years IF UNDER TYEAR IF UNDER	24 HRS
M C WIDOWED DIVO	ORCED 8-5-1898	long birthd	vrs. Months Days Hours A	Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINE			12. CITIZEN OF WHAT CO	OUNTRY
during most of working life, even if retired)				
Laborer Saw Mill	Mary 1	The state of the s	U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI		000		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT	Y NO. 17, INFORMANT		Address	
no	Mary Perki	ns. Chesan	eake City. Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and	(c). }		INTERVAL BETWEEN ONSET AND DEATH	1
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HOTTMONE	la a Caram Gara	1 - b 3		
981X DUE TO	hage from Gun s	not wound	OI	
gave rise to immediate cause	anterior surfa	ce		
(a), stating the underlying DUE TO				
couse last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITIO	ON GIVEN IN PART 1(0) 19. WAS AU	HED?
3				NO DX
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 20g. EXTERNAL CAUSE WAS PRIMARY TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY Shot with the	OCCURRED. (Enter nature of injury in Pr	ort I or Part II of item 18.)		
	shot gun			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURR Hear 2.22 7 1 1958 While Not while of work of work	ED 20e. PLACE OF INJURY (Home, fo	rm, 20f. (City or town)	(County)	(State)
Heer 2.22 7 4 1958 While Not while		Warwick	Cecil	Md.
21. I certify that I took charge of the remains desc				
			- 1	in my
opinion death resulted from: Natural causes .	Accident, Suicide,	Homicide [2], U	ndetermined manner	
ACTUAL // DO O	1041		DATE SIG	AIEO
SIGNATURE / COL	AD. CHIEF MEDICAL	EXAMINER [2/15 310	1460
EXAMINER'S	ASSISTANT MEDI	ICAL EXAMINER		
NAME (Type) R.C. Dodson	DEPUTY MEDICA	L EXAMINER	7-5-58	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF	CEMETERY OR CREMATORY	22d. LOCATION (City,	town, or county) (State)	
Burial 7/10/58 Bohem	ia Manor Cem.		Manor, Md.	
23. FUNERAL-DIRECTOR'S SIGNATURE ADDRESS				
1-1-1-1			. REGISTRAR'S SIGNATURE	
Wilm.		C D DI RECISIRAR	REGISTRAR'S SIGNATURE	

THE WEDICAL EXAMINER'S CERTIFICATE OF DEATH

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If execute the certificate, writing the cord "pending" in pencil in Item, 18. Give Poges 1, 2, and 3 it 4 should be farwarded to the Civ., Medical Examiner's Office along with farm PM3. Page 5 may TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with ar its designated agent, priar to barriol, cremotian, ar remaval, god in any event within 72 haurs or its designated agent, priar to barriol, cremotian, ar remaval, god in any event within 72 haurs

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7867

		2 (4)							Keg. L	7131. 110	•
	PLACE OF DEATH	ecil		MARY	LAND	2. USUAL RESIDENCE (o. STATE Mary	Where deced	b. COUNT	v	lence bef	ore admission)
ł	o. CITY OR TOWN (If and give nearest town)		RURAL	c. LENGTH OF STAY I		c. CITY OR TOWN (outside con		RURAL on	d give no	earest lown)
	Union	Hospital	not in hos	pital, give street address		d. STREET ADDRESS					e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	John		Middle Hazel		Price	4. DATE OF DEATH	Monti	7	Day	Year 2 19 58
5. 5	M M	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED DIVORCED		7-22-1900		9. AGE (In years last birthday) 57 yrs.	Months	Doys Doys	IF UNDER 24 HRS Hours Min.
100	. USUAL OCCUPATION DURING Most of working Farmer	DN (Give kind of work d g life, even if retired)		IND OF BUSINESS OR I	NOUSTRY	Marylar		country)	12. CIT	U.S.	A.
13.	FATHER'S NAME	Rodney P	rice			Jennie		1.			
		R IN U. S. ARMED FOR (If yes, give war ar dates of s		SOCIAL SECURITY NO.		ormant Irs. J. Haze	el Pri	ce, Warwi	ck, M	id.	
CERTIFICATION	823 X Canditions, if or gove rise to immed (a), stating the ucause lost.	inderlying DUE TO	DITIONS CO		n of	ribs from s			'EN IN PAG		P. WAS AUTOPSY PERFORMED? (ES NO 12)
MEDICAL CERTIF	20c. TIME OF INJUR Hour 8. m. P. m.	ITRIBUTING []	Auto 20d. II While	hit tree NJURY OCCURRED NJURY OCCURRED Not while of work	e. PLACE	OF INJURY (Home, for, street, office bldg., etc.	m, 20f. (Cit		_	unty)	(Stote)
				emoins described ouses [], Accid	obove	, held on Autop	Homicide	Undete		monne	,
	EXAMINER'S NAME (Type)	R.C.Dods	on M	.D.		DEPUTY MEDICAL				7-1	4-58
	BURIAL, CREMATIO REMOVAL (Specify) Burial FUNERAL DIRECTOR	7-6-58		22c. NAME OF CEMETE Bethel (ADDRESS	em.		-	Sapeake (ity	GNATUR	(Stote) Md.
Y.	7. Lule	Jan	ich	Middlet	town,		essa. To	58 Qu	100	-1	

CERTIFICATE OF DEATH		
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	g	BLAND F. F

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 17890 7868 CERTIFICATE OF DEATH Rea. Dist. No. with 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY filed b. COUNTY MARYI AND b. CITY OR TOWN (If outside carparate limits_write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) O d. NAME OF HOSPITAL (If not in hospital d STREET ADDRESS e IS RESIDENCE ON A FARM? NAME OF 4. DATE Month Year DECEASED (Type or print) 19 6 COLOR OR RACE 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HPS MARRIED T NEVER MARRIED T Months WIDOWED IN DIVORCED T carbon papers. after death. 100. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Worker aner puo 13. FATHER'S NAME HENDERSON FIIND TOVE 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SAME 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED 8Y:
IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate **DUE TO** catse (o), stoting the under-TERIO SCLERUTIC CARNIO VASCULAS DISEASE lying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not while at work at work D. m. 21. I certify that I ottended the deceased from. that I lost sow the deceased , and that death occurred at 7,48 P. M. from the causes and on the date stated above. FUNERAL DIRECTOR ADDRESS (Street, city or lown, stote) DATE SIGNED ACTUAL SIGNATURE P HOSPITAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Union Cemeterv Union Maryland 0 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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necessary, please if director. Page of for your files. Board of Health, tuneral director. etained for your f 65 3

SON Page 1 in Item 18. Give Pages 1, ce along with form PM3. P pages 6 any puo burial-fransit s Office Examiner 0 used Medical pe 0 execute the certificate, v 4 should be farwarded 5 FUNERAL DIRECTOR:

70 VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Cecil b. COUNTY Marvland Cecil T MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 wales d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .d. STREFT ADDRESS e. IS RESIDENCE ON A FARM? 100 Church St. Union Hospital YES NO NO X NAME OF DECEASED Middle 4. DATE Month Yeor OF (Type or print) DEATH Charles Rhoades 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years 5. SEX IFUNDER TYPAR IF UNDER 24 HRS. Months Hours WIDOWED [2] DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Truck Driver Lumber U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rhoades Annie Lusby 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT fif yes, give war or dates of service no Caldwell. Elkton, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Carcinoma of Esophagus with metasis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NOK 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I of Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) While Not while of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection and in my Accident . Suicide . Homicide . Undetermined manner opinion deoth sesulted from: Notural causes A. ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** R.C. Dodson DEPUTY MEDICAL EXAMINER THE NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (Stote) Bethel Cem. Chesapeake City. Md. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

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	7871 CERTIFICATE OF DEATH Reg. Dist. No.	
	1. PLACE OF DEATH a. COUNTY ECIL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odn b. COUNTY ECIL MARYLAND	nission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) AACKS POINT, RURAL and give nearest town)	EVILLE
	OR INSTITUTION //	RESIDENCE NA FARM?
	3. NAME OF DECEASED (Type or print) TOHN E. ROBINSON DEATH JULY 25	Year 19 2 8
	5. SEX M. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UN Months Days Hou WIDOWED DIVORCED D	rs Min.
6	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BYRTHPLACE (State or foreign country) GENERAL LABORS GENERAL 12. CITIZEN OF WH U.S.	A COUNTRY
	13. FATHER'S MAME OHN RUBINSON Inknown	en#h
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) 217-09-4873-MRS. PAULINE PREWITT, OXFORD.	PA.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Content of the country of the	
	Conditions, if any, which) (b) arterioseleratie Heart desease /	m
	gove rise to immediate couse (a), stating the under- lying cause last. DUE TO Generalized arterioleusis 6	yn
CATION	3 Celleral anteriosclerosis YES	AS AUTOPSY PFORMED?
L CERTIF	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)	
MEDICA	County C	(State)
	21. I certify that I attended the deceased fram. 7-24, 1958, to 7-25, 1958, that I last saw the alive an 7-25, 1958, and that death occurred at 9:20 AM, fram the causes and an the date sto	
	ACTUAL SIGNATURE Milliters En plym.D. 325 & Main St. 7-	DATE SIGNED
	PHYSICIAN'S NAME (Typo) Newark Del	630.W
九人	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY CALL LOCATION (City. 10WH, or county) CIS BURIAL (Specify) 7/27/58 GALENA EM EM GALENA, KENT CO.	tote) M D
23	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 7 1 1 1240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law may be retained by the TO FUNERAL DIRECTOR: VS A15 (4) 15M 9/55

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registrar

with

shauld-be-filed in by the funeral and 2 shauld-be-fi

director,

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the ottending physician and completely

remove carbon papers. 2 hours after death.

event within 72 hours please

requires that the death certificate be executed within 24 haurs ofter deoth. Page 4

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	Washinson WHOTE
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	A TO THE CONTROL OF THE PARTY O

Havre DeGrace. Md.

24a. REC'D BY REGISTRAR

DATE

246-REGISTRAR'S SIGNATURE

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CORPLE 7-10-17-5 Rock Com.		Carlo de la como de la	THE SHALL SEE	Charles of	Section Control
JURIAL 7-10-15-8	C. North Parks and C.				
1308106 7-16-1758 Date But					
	Capacity Services		nuise states		The state of the s

22c. NAME OF CEMETERY OR CREMATORY

Ellicott City, Md.

Good Shepherd

ADDRESS

ADDRESS (Street, city or town, state)

Hospital, Perry Point, Maryland

22d. LOCATION (City, town, or county)

Ellicott City. Md.

24b. REGISTRAR'S SIGNATURE

M.D., Acting Director, Professional Services.

24n REC'D BY REGISTRAR

JUL 1 5 '58

DATE SIGNED

(Stote)

DIRECTOR: 3 should FUNERAL page 15M 10/57

ACTUAL

PHYSICIAN'S NAME (TVDe)

AUHERAR DIRECTÓR'S SIGNATURE

Francisco (1990)	ALTER SAFTIVE SO THEY		
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FOR STATE

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execute the certificate, writin 4 shauld be farwarded to the TO FUNERAL DIRECTOR: Page or its designated agent, prior TO DEPUTY MEDICAL EXAMIN

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r death.	2, and	Page 5 n	and 2	- 72 ha
haurs afte	g the grand "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 3	Irm PM3.	le pages l	or by hospital properties on some many and in man manketing of house place death
within 24	1 18. Giv	g with fo	ermit. Fi	of in man
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	78	99 M	EDICA	L EXA	AMINER	'S C	ERTIFIC	CATE	OF	DEATH	1	Reg. D	ist. No		
		cil			MARYLAN		. STATE	NCE (Whe		b. CO	UNTY	n: Reside		are admi	ssion)
1	b. CITY OR TOWN (It end give nearest town)	autside corporale limits, w	rite RURAL	c. LENGT	H OF STAY IN 1	b				porate limits, w				earest ta	wn)
	Chesapeak				siting	X	1	Warw.	Lek						
	d. NAME OF HOSPITA	AL OR INSTITUTION	(If not in hos	pital, give s	treet address) -	d	STREET ADD	RESS						e. IS RE	ESIDENCE A FARM?
	Chesapeak	e & Delawa	re Can	al										YES [] NO [
	NAME OF DECEASED		irst		Middle		Last	4.	OF	M	lonth		Day	Y	eor
	(Type or print) Bes		1	nn		men			DEATH		7		17		958
Э, :	DEX	6. COLOR OR RACI		_	ER MARRIED	8. DATE	OF BIRTH			9. AGE (In year lost birthday)	-	Nonths	Doys Doys	Hours	ER 24 HRS. Min.
10	Fr.	C	WIDOWE	_	DIVORCED [19415				yrs.				
100	. USUAL OCCUPATIO	g life, even it retired	done (Ub. K	IND OF BU	SINESS OK INDI	OZIKA III	. BIRTHPLACE	: (State ar	foreign c	ountry)		12. CITI	ZEN OI	WHAT	COUNTRY
32	Studer FATHER'S NAME	at	Sc	hool			Elkt	on, l	ld.				U.S.	A .	
13,	FAIRER S NAME					14. A	NOTHER'S MAI	IDEN NAM	ME						
15	WAS DECEASED EVE	Preston	Turner	COCIAL SEC	TIBITY NO IN	INFORA	Elsie	Viole	E_Da	vis					
[Ye	, ne, er unknown)	Ill yes, give war ar dates		SOCIAL SEC	URITY NO. 17					Add	ress				
_	no					Harr	y Pres	ton 1	hurne	r, Was	cwi.c	ck, l	-		
		TH [Enter only one con the WAS CAUSED BY:		for (a), (b),	and (c).								ONSE	VAL BETWE	EN UH
	010 8	IMMEDIATE CAUSE	0)		Drowne	d									
	707.0	DUE TO)												
	Conditions, if on		b)	20											
	(a), slating the u)	10 4											
	couse last.		c)												
CERTIFICATION	PART II, OTH	ER SIGNIFICANT CO	NDITIONS CO	NTRIBUTIN	G TO DEATH BU	T NOT RE	LATED TO THE	E TERMINA	LDISEAS	CONDITION	GIVEN	IN PAR		PERFO	RMED?
ERTIFI	20g. EXTERNAL CAU PRIMAR 10 or CON CAUSE OF DEATH.	SE WAS			JRY OCCURRED					of item 18.)					
	20c. TIME OF INJUR		Went 20d I	INTO	too dee	D OI	Water	inc	anal	/		16-	-4.2		464
MEDICAL	Hour a m	The state of	While	Not	while I	actory, str	eet, affice bld	g., etc.)	zor. (Ciry	or rown;		(Cau	inth)		(State)
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		at I taak charg						_	to the same of	spection {					d in my
	opinion death i	resulted from:	Natural c	auses	, Acciden	1 25	Suicide _	, Ha	micide	, Und	elerm	ined n	nanne	r 🗌	
	ACTUAL SIGNATURE	Elek	200	Cac	m.	M.D.	CHIEF MEDI	CAL EXAM	AINER 🗌					DATE S	GNED
	EXAMINER'S						ASSISTANT A	MEDICAL I	EXAMINE	R 🔲					
	NAME (Type)	R.C.Do					DEPUTY MED	DICAL EXA	MINER	3		7-0	18-5	8	
220	BURIAL CREMATION REMOVAL (Specily) Burial	7/21/5	_		of CEMETERY C		ATORY .			Iton,			nd	(Stote)
23.	EUNERAL DIRECTOR	SSIGNATURE		ADDR			240	REC'D B				AR'S SIG		E	
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ed in by the funeral director, I and 2 should be filed with

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7900 CERTIFICATE OF DEATH

07897 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Cecil		MARYLA		a. STATE			lived. Il institut b. COUNTY Columbia	1	e befor	e admiss	ion)
b. CITY OR TOWN (RURAL and give no	If autside carporote limi	ts, write	c. LENGTH OF STAY IN	4 lb	c. CITY OR TO	WN (II o	utside corpor	ote limits, write 1	RURAL ond	give nea	rest town	1)
Perry Poi	int		52 days		Was	shing	ton	4	47 X-	3		
OR INSTITUTION	FAL (If not in hospital, g				d. STREET ADD						e. IS RES	FARM?
Veterans	Administra	tion	Hospital		1913 Ros	sedal	e St.	, N. E.				NO 🔀
3. NAME OF DECEASED (Type or print)	Charlie	st	Middle V •		Tyler		4. DATE OF DEATH	Jul		Do	5	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. D	ATE OF BIRTH			9. AGE (In years				
Male	Negro	WIDOW	ED DIVORCED		8-6-92			65 yrs.		Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLAC	E (Stote o	or foreign co	untry)	12. CIT	IZEN O	F WHAT	COUNTRY
Animal ca			er Reed Arm	v Hos	sp. Vi	rgini	a		U.	S.A.		
13. FATHER'S NAME					4. MOTHER'S M							
Anderson	Tyler				Ella V	Wells	3					
15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO.	17. INFO				Add	fress			
Yes	WW T		78 32 5612	Hos	oital Re	ecord	s. VA	Hospita	l. Pe	rrv	Poir	at. Mo
	ATH [Enter only one co		ne for (o), (b), and (c).]							INTE	RVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY:	Br	onchopneumor	nia,	left lo	wer]	Lobe u	nresolve	ed	ONS	ELAND	DEATH
151X	DUE TO											
Conditions, if o	ny, which) (b	Abo	dominal card	cinom	atous					U	akno	Wn
gove rise to i	mmediate (
lying couse last.	(c	Ade	enocarcinoma	a of	stomach					U	nkno	wn
PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	H BUT NO	T RELATED TO TI	HE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PAR	1(o) 1	PERFO	AUTOPSY RMED?
20g. ACCIDENT WA	AS UNDERLYING [7]	20b. DESC	CRIBE HOW INJURY OCC	TURRED /F	nter nature of i	niury in P	ort Lor Part	II of item 18.1			162	NO []
OR CONTRIBUTING	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)											
	Y Month, Day, Yes	or 20d. It	NJURY OCCURRED 20	Oe. PLACE	OF INJURY (Ho	me form	20f (City	or town)	10	ounly)		(State)
Hour a.m.	19	While	Not while	factory	, street, office b	ldg., etc.)	2011	ar rown,	10	.comy)		(2) (a) (a)
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			ed from May									
900000000	000000000000000000000000000000000000000	යගදුණය	cooperand that d	leath oc	curred at_1					ne dat		
ACTUAL SIGNATURE	mA	re	ism. U.	M.D.	VA He			eet, city or town, erry Poi	-	d.		ATE SIGNED
PHYSICIAN'S NAME (Type) W	M. HARRIS	, M.I	Acting D	irect	tor, Pro	ofess	ional	Service	S			
220. BURIAL, CREMATIO			22c. NAME OF CEMETE					ON (City, town,			(Stote	e)
REMOVAL (Specify)	7/10/5		Arlington							rai	,	Tools.
23. 199	Samo T		ADDRESS		2		BY REGISTR		STRAR'S SIG			
Lo. T. (Ste	wart 30	H Str	eet N.E. Was	sh.,	D.C.	ATE			1	- 1		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 O FUNERAL DIRECTOR: After this complicate has been signed by the attending physician and campleted page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pethe registrar prior to burial, crematian, ar removal, and in apy-exent within 72 hours after death. may be retained by the hospital or a TO FUNERAL DIRECTOR: After this of VS A15 (4) 15M 10/57

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Elkton, Md.

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ATTENDING PHYSICIAN:

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BLACE OF DEATH

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death, certificate has been executed by the attending physician and completely filled in by the funeral director, the third for the death certificate assembly should be detached for use as a burial transit permit.

	TO ATTENDING PHYSICIAN (T. HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician.	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07899

CERTIFICATE OF DEATH 7901

Reg. Dist. No.

	COUNTY Cecil MARYLAND	STATE Maryland COUNTY Cec	1.1
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN NORTH East 65 yrs	CITY (If outside corporata limits, writa RURAL and give naare OR TOWN North East	st town)
2	HOSPITAL OR INSTITUTION OR STREET ADDRESS Cecil Ave.	STREET (If rural give location) ADDRESS Cecil Ave	
33	3. NAME OF (First) (Middla) DECEASED (Type or Print) Susie Yeama		(Day) (Year) 13 - 158
	RACE WIDOWED, DIVORCED,	OF BIRTH 9. AGE last birthday IF UNDER 1 16.1871 86 yrs.	YEAR IF UNDER 24 HRS. Deys Hours Min.
	10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retiredOUSE WITE OWN HOME		COUNTRY?
	Joel R. Ryan	14. MOTHER'S MAIDEN NAME Eliza Taylor	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, n) ounk.) (If Yas, give wer or detes of service)	Mrs Viola Devine, North	East, Md.
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HOLD IMMEDIATE CAUSE (A) 18. MEDICAL CE Enerelizes	L Artirio solerosis	ONSET AND DEATH
	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		
0	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		2D. AUTOPSY? YES NO
f	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County	(State)
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED While Not while et work et work	211. HOW DID INJURY OCCUR?	
55 10M	22. I hereby certify that I attended the deceased from live on 12 July 19.58 and that death occurred signature	at M. 3.2.1.M, from the causes end on the date stated ADDRESS (Street, city, town, steta)	
A15C 1-		t Methodist North East. M	(Stata)
VS	DATE JUL 1 6 '58 REGISTRAR'S SIGNATURE	Le a Latersto Gerryvi	lle,Md.

CERTIFICATE OF DEATH

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